

<i>SERFF Tracking Number:</i>	<i>ALSX-125590049</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Allstate Property & Casualty Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$100</i>
<i>Company Tracking Number:</i>	<i>R19750</i>		
<i>TOI:</i>	<i>04.0 Homeowners</i>	<i>Sub-TOI:</i>	<i>04.0003 Owner Occupied Homeowners</i>
<i>Product Name:</i>	<i>Homeowners</i>		
<i>Project Name/Number:</i>	<i>Reinsurance Rate Charge Filing/R19750</i>		

Filing at a Glance

Company: Allstate Property & Casualty Insurance Company

Product Name: Homeowners	SERFF Tr Num: ALSX-125590049	State: Arkansas
TOI: 04.0 Homeowners	SERFF Status: Closed	State Tr Num: EFT \$100
Sub-TOI: 04.0003 Owner Occupied Homeowners	Co Tr Num: R19750	State Status: Fees verified and received
Filing Type: Rate	Co Status:	Reviewer(s): Becky Harrington, Betty Montesi, Brittany Yielding
	Author: SPI AllState	Disposition Date: 04/16/2008
	Date Submitted: 04/01/2008	Disposition Status: Filed
Effective Date Requested (New): 08/25/2008		Effective Date (New): 08/25/2008
Effective Date Requested (Renewal): 10/09/2008		Effective Date (Renewal): 10/09/2008

State Filing Description:
not an overall rate change filing

General Information

Project Name: Reinsurance Rate Charge Filing	Status of Filing in Domicile:
Project Number: R19750	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 04/16/2008	
State Status Changed: 04/09/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	

With this filing, information is provided to support the revision of the distinct charge to cover the net cost of reinsurance in Allstate Property & Casualty Insurance Company for the Owners program in the state of Arkansas. The net cost of reinsurance is equal to the reinsurance premium paid less expected reinsurance recoveries under the contract.

SERFF Tracking Number: ALSX-125590049 State: Arkansas
 Filing Company: Allstate Property & Casualty Insurance State Tracking Number: EFT \$100
 Company
 Company Tracking Number: R19750
 TOI: 04.0 Homeowners Sub-TOI: 04.0003 Owner Occupied Homeowners
 Product Name: Homeowners
 Project Name/Number: Reinsurance Rate Charge Filing/R19750
 effective October 09, 2008.

Company and Contact

Filing Contact Information

Carrie Deppe, Assistant State Filings Manager cdepp@allstate.com
 2775 Sanders Road (847) 402-2774 [Phone]
 Northbrook, IL 60062 (847) 402-9757[FAX]

Filing Company Information

Allstate Property & Casualty Insurance CoCode: 17230 State of Domicile: Illinois
 Company
 2775 Sanders Road Group Code: 8 Company Type:
 Suite A5
 Northbrook, IL 60062 Group Name: Allstate State ID Number:
 (847) 402-5000 ext. [Phone] FEIN Number: 36-3341779

Filing Fees

Fee Required? Yes
 Fee Amount: \$100.00
 Retaliatory? No
 Fee Explanation: Independent rate filing
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Allstate Property & Casualty Insurance Company	\$100.00	04/01/2008	19182493

SERFF Tracking Number: ALSX-125590049 State: Arkansas
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 Company Tracking Number: R19750
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 Product Name: Homeowners
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Becky Harrington	04/16/2008	04/16/2008

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Becky Harrington	04/09/2008	04/09/2008	SPI AllState	04/15/2008	04/15/2008

SERFF Tracking Number: ALSX-125590049 State: Arkansas
 Filing Company: Allstate Property & Casualty Insurance Company State Tracking Number: EFT \$100
 Company Tracking Number: R19750
 TOI: 04.0 Homeowners Sub-TOI: 04.0003 Owner Occupied Homeowners
 Product Name: Homeowners
 Project Name/Number: Reinsurance Rate Charge Filing/R19750

Disposition

Disposition Date: 04/16/2008
 Effective Date (New): 08/25/2008
 Effective Date (Renewal): 10/09/2008
 Status: Filed
 Comment:

Company Name:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):	Overall % Indicated Change:
Allstate Property & Casualty Insurance Company	-0.950%	\$-181,341	116,311	\$19,088,547	%	%	%

SERFF Tracking Number: ALSX-125590049 State: Arkansas
 Filing Company: Allstate Property & Casualty Insurance State Tracking Number: EFT \$100
 Company
 Company Tracking Number: R19750
 TOI: 04.0 Homeowners Sub-TOI: 04.0003 Owner Occupied Homeowners
 Product Name: Homeowners
 Project Name/Number: Reinsurance Rate Charge Filing/R19750

Item Type	Item Name	Item Status	Public Access
Supporting Document	Form RF-1 NAIC Loss Cost Data Entry Document--All P&C Lines	Filed	Yes
Supporting Document	AR - NAIC P&C TRANSMITTAL DOCUMENT, RateRuleSchedule, AR - HOMEOWNERS ABSTRACT FORM H 1, StateFilingForms02-HPCS, OtherActSupport01	Filed	Yes
Supporting Document	ResponseToDoIObjections01	Filed	Yes
Rate	CheckingListR19750	Filed	Yes
Rate	ManualPagesR19750	Filed	Yes

SERFF Tracking Number: ALSX-125590049 State: Arkansas
Filing Company: Allstate Property & Casualty Insurance State Tracking Number: EFT \$100
Company
Company Tracking Number: R19750
TOI: 04.0 Homeowners Sub-TOI: 04.0003 Owner Occupied Homeowners
Product Name: Homeowners
Project Name/Number: Reinsurance Rate Charge Filing/R19750

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 04/09/2008
Submitted Date 04/09/2008

Respond By Date

Dear Carrie Deppe,

This will acknowledge receipt of the captioned filing.

Objection 1

- AR - NAIC P&C TRANSMITTAL DOCUMENT, RateRuleSchedule, AR - HOMEOWNERS ABSTRACT FORM H 1, StateFilingForms02-HPCS, OtherActSupport01 (Supporting Document)

Comment: Provide an exhibit showing the commissions, taxes, and profit ratio development for the owners adjustment factor.

Please feel free to contact me if you have questions.

In accordance with Regulation 23, Section 7.A., this filing may not be implemented until 20 days after the requested amendment(s) and/or information is received.

Sincerely,

Becky Harrington

Response Letter

Response Letter Status Submitted to State
Response Letter Date 04/15/2008
Submitted Date 04/15/2008

Dear Becky Harrington,

Comments:

Please see attached response.

Response 1

Comments: See attached.

SERFF Tracking Number: ALSX-125590049 State: Arkansas
Filing Company: Allstate Property & Casualty Insurance State Tracking Number: EFT \$100
Company
Company Tracking Number: R19750
TOI: 04.0 Homeowners Sub-TOI: 04.0003 Owner Occupied Homeowners
Product Name: Homeowners
Project Name/Number: Reinsurance Rate Charge Filing/R19750

Related Objection 1

Applies To:

- AR - NAIC P&C TRANSMITTAL DOCUMENT, RateRuleSchedule, AR - HOMEOWNERS ABSTRACT FORM H 1, StateFilingForms02-HPCS, OtherActSupport01 (Supporting Document)

Comment:

Provide an exhibit showing the commissions, taxes, and profit ratio development for the owners adjustment factor.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: ResponseToDOIObjections01

Comment:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,

Carrie Deppe

Sincerely,

SPI AllState

SERFF Tracking Number: ALSX-125590049 State: Arkansas
 Filing Company: Allstate Property & Casualty Insurance Company State Tracking Number: EFT \$100
 Company Tracking Number: R19750
 TOI: 04.0 Homeowners Sub-TOI: 04.0003 Owner Occupied Homeowners
 Product Name: Homeowners
 Project Name/Number: Reinsurance Rate Charge Filing/R19750

Rate Information

Rate data applies to filing.

Filing Method: File and Use
Rate Change Type: Decrease
Overall Percentage of Last Rate Revision: 9.200%
Effective Date of Last Rate Revision: 08/27/2007
Filing Method of Last Filing: File and Use

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):
Allstate Property & Casualty Insurance Company	%	-0.950%	\$-181,341	116,311	\$19,088,547	%	%

SERFF Tracking Number: ALSX-125590049 State: Arkansas
 Filing Company: Allstate Property & Casualty Insurance State Tracking Number: EFT \$100
 Company
 Company Tracking Number: R19750
 TOI: 04.0 Homeowners Sub-TOI: 04.0003 Owner Occupied Homeowners
 Product Name: Homeowners
 Project Name/Number: Reinsurance Rate Charge Filing/R19750

Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Number:	Filing Attachments
Filed	CheckingListR19750	R19750	Replacement	AR-PC-07-025262	R19750.PDF
Filed	ManualPagesR19750	R19750	Replacement	AR-PC-07-025262	R19750.PDF

CHECKING LIST FOR HOMEOWNERS

Printing dates are shown on each page to facilitate identification of different editions, but have no direct connection with the effective date of the page.

PREMIUM SECTION

Enclosed: Page RFP-14 dated 9-1-2008

Withdrawn: Page RFP-14 dated 7-2-2007

**ARKANSAS
HOMEOWNERS
RATE FACTOR PAGES**

Order in
Calculation

23 Reinsurance Charge

BASE REINSURANCE CHARGE*:
*Charge is per \$1000 of Coverage A Limit

0.054

REINSURANCE LIMIT FACTORS

COVERAGE A	FACTOR
10,000	10
11,000	11
12,000	12
13,000	13
14,000	14
15,000	15
16,000	16
17,000	17
18,000	18
19,000	19
20,000	20
25,000	25
30,000	30
35,000	35
40,000	40
45,000	45
50,000	50
55,000	55
57,000	57
58,000	58
59,000	59
60,000	60
61,000	61
63,000	63
65,000	65
66,000	66

COVERAGE A	FACTOR
68,000	68
69,000	69
70,000	70
71,000	71
72,000	72
73,000	73
74,000	74
75,000	75
80,000	80
85,000	85
90,000	90
95,000	95
100,000	100
110,000	110
120,000	120
130,000	130
140,000	140
150,000	150
170,000	170
180,000	180
190,000	190
200,000	200
225,000	225
275,000	275
325,000	325
Each Additional 1,000	1

Step #		Select Homeowners	
		Homeowners	Homeowners
1	Base Reinsurance Charge		
2	Rate Adjustment Factor (Round to 3 decimals)	x 0.172	x 0.172
3	Reinsurance Limit Factor (Penny Round)	x	x
4	Reinsurance Charge		

SERFF Tracking Number: ALSX-125590049 State: Arkansas
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Product Name: Homeowners
Project Name/Number: Reinsurance Rate Charge Filing/R19750

Supporting Document Schedules

Satisfied -Name: Form RF-1 NAIC Loss Cost Data **Review Status:** Filed 04/16/2008
Entry Document--All P&C Lines

Comments:

Attachment:

StateFilingForms04-loss cost.PDF

Satisfied -Name: AR - NAIC P&C TRANSMITTAL **Review Status:** Filed 04/16/2008
DOCUMENT, RateRuleSchedule,
AR - HOMEOWNERS ABSTRACT
FORM H 1, StateFilingForms02-
HPCS, OtherActSupport01

Comments:

Attachments:

AR - NAIC P&C TRANSMITTAL DOCUMENT.PDF
RateRuleSchedule.PDF
AR - HOMEOWNERS ABSTRACT FORM H 1.PDF
StateFilingForms02-HPCS.PDF
OtherActSupport01.PDF

Satisfied -Name: ResponseToDOIObjections01 **Review Status:** Filed 04/16/2008

Comments:

Attachment:

ResponseToDOIObjections01.PDF

NAIC LOSS COST DATA ENTRY DOCUMENT

1.	This filing transmittal is part of Company Tracking #	R19750
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2.	If filing is an adoption of an advisory organization loss cost filing, give name of Advisory Organization and Reference/ Item Filing Number	
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Company Name		Company NAIC Number		
3.	A.	Allstate Property & Casualty Insurance Company	B.	17230

Product Coding Matrix Line of Business (i.e., Type of Insurance)		Product Coding Matrix Line of Insurance (i.e., Sub-type of Insurance)		
4.	A.	Homeowners	B.	Owners, Renters, Condominium

5.

(A) COVERAGE (See Instructions)	(B) Indicated Reinsurance Change	(C) Requested Reinsurance Change	FOR LOSS COSTS ONLY				(H) Co. Current Loss Cost Multiplier
			(D) Expected Loss Ratio	(E) Loss Cost Modification Factor	(F) Selected Loss Cost Multiplier	(G) Expense Constant (If Applicable)	
TOTAL OVERALL EFFECT							

6. 5 Year History Rate Change History

Year	Policy Count	% of Change	Effective Date	State Earned Premium (000)	Incurred Losses (000)	State Loss Ratio	Countrywide Loss Ratio
	N/A			N/A			N/A

7.

Expense Constants	Selected Provisions
A. Other Acquisition	4.7%
B. General Expense	3.6%
C. Taxes, License & Fees	3.0%
D. Underwriting Profit	10.5%
E. Commissions	12.5%
F. TOTAL	34.3%

- 8.** Apply Lost Cost Factors to Future filings? (Y or N)
- 9.** Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable): _____
- 10.** Estimated Maximum Rate Decrease for any Insured (%) Territory (if applicable): _____

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">New Business</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Renewal Business</td> <td style="border: none;"></td> </tr> </table> f. State Filing #: g. SERFF Filing #: h. Subject Codes	New Business		Renewal Business	
New Business					
Renewal Business					

3. Group Name	Group NAIC #			
Allstate	008			
4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Allstate Property & Casualty Insurance Company	IL	17230	36-3341779	

5. Company Tracking Number	R19750
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Carrie M. Deppe 2775 Sanders Road, Suite A5 Northbrook IL 60062	Assistant State Filings Manager	800-366-2958 Ext. 22774	847-402-9757	cdepp@allstate.com
7.	Signature of authorized filer				
8.	Please print name of authorized filer		Carrie M. Deppe		

Filing Information (see General Instructions for descriptions of these fields)

9.	Type of Insurance (TOI)	04.0 Homeowners
10.	Sub-Type of Insurance (Sub-TOI)	04.0003 Owner Occupied Homeowners
11.	State Specific Product code(s) (if applicable) [See State Specific Requirements]	
12.	Company Program Title (Marketing Title)	Homeowners
13.	Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input checked="" type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14.	Effective Date(s) Requested	New: 08/25/2008 Renewal: 10/09/2008
15.	Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16.	Reference Organization (if applicable)	Not applicable
17.	Reference Organization # & Title	Not applicable
18.	Company's Date of Filing	April 1, 2008
19.	Status of filing in domicile	<input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document

20.	This filing transmittal is part of Company Tracking #	R19750
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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With this filing, information is provided to support the revision of the distinct charge to cover the net cost of reinsurance in Allstate Property & Casualty Insurance Company for the Owners program in the state of Arkansas. The net cost of reinsurance is equal to the reinsurance premium paid less expected reinsurance recoveries under the contract.

Allstate's revised reinsurance cost will be reflected by revising the reinsurance rate adjustment factor in the rate calculation for the Owners program. The revised reinsurance rate adjustment factor will apply to the calculation of the reinsurance charge for all policies and will therefore have the same effect as a reinsurance base rate change.

The overall impact of changes set forth in this filing is -0.95%. The proposed change to the Reinsurance Rate Adjustment Factor for the Owners program is -80.9%, which represents the impact to the distinct charge to cover the net cost of reinsurance in Allstate Property & Casualty Insurance Company for the Owners program in the state of Arkansas.

The terms of the applicable 2008 Reinsurance contract are summarized below.

2008 REINSURANCE CONTRACT SUMMARY:

Allstate has a Reinsurance Broker Intermediary Contract with Benfield Inc., which encompasses the marketing and placement of our catastrophe reinsurance programs.

Allstate has again purchased countrywide catastrophe aggregate excess of loss reinsurance agreements to mitigate our exposure to catastrophic losses. One agreement, purchased last year, was 80% placed for a two-year term, effective 06/01/07 to 05/31/09. A portion of the 80% placement has been rewritten under a new two-year agreement, effective 06/01/08 to 05/31/10. This rewritten portion represents 32.5% of the excess of loss layer. The remaining 47.5% will remain intact until 05/31/09. Another new agreement was 15% placed for a two-year term, effective 06/01/08 to 05/31/10, and replaces the expiring one-year agreement that provided coverage from 06/01/07 to 05/31/08. Together the catastrophe aggregate excess reinsurance agreements will apply to Allstate and Encompass brand personal lines auto and property policies nationwide (excluding Florida), providing coverage for the term 06/01/08 to 05/31/09 of 95% of the first \$2 billion in excess of \$2 billion of retained losses. The two new agreements cover losses from storms named or numbered by the National Weather Service, fire following earthquakes, and California wildfires, subject to the terms, conditions, and limitations set forth in these agreements. The agreement effective 6/01/07 will continue to cover losses from storms named or numbered by the National Weather Service, earthquakes, and fire following earthquakes, subject to the terms, conditions, and limitations set forth in the agreement.

The target effective date for new business written and renewals processed is August 25, 2008, and renewal business effective October 09, 2008.

22.	Filing Fees (Filer must provide check # and fee amount if applicable.) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<p>Check #: Not applicable. Sent EFT. Amount: \$100.00</p> <p>Independent rate filing</p> <p style="text-align: center;">Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>	

***Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

PROPERTY & CASUALTY RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	R19750
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	N/A
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Rate Increase
 Rate Decrease
 Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	File and Use
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4a. Rate Change by Company (As Proposed)							
Company Name	Overall % Indicated Change (when Applicable)	Overall % Rate Impact	Written Premium Change for this program	# of policyholders affected for this program	Written premium for this program	Maximum %Change (where required)	Minimum %Change (where required)
Allstate Property & Casualty Insurance Company	N/A	-0.95%	(\$181,341)	116,311	19,088,547		

4b. Rate Change by Company (As Accepted) For State Use Only							
Company Name	Overall % Indicated Change (when Applicable)	Overall % Rate Impact	Written Premium Change for this program	# of policyholders affected for this program	Written premium for this program	Maximum %Change (where required)	Minimum %Change (where required)

5. Overall Rate Information (Complete for Multiple Company Filings only)			
		COMPANY USE	STATE USE
5a.	Overall percentage rate indication(when applicable)		
5b.	Overall percentage rate impact for this filing		
5c.	Effect of Rate Filing – Written premium change for this program		
5d.	Effect of Rate Filing - Number of policyholders affected		

6.	Overall percentage of last rate revision	9.2%
7.	Effective Date of last rate revision	8/27/2007
8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	File & Use

9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01	RFP-14: Rate Factor Pages	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
02		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
03		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	

ARKANSAS INSURANCE DEPARTMENT

FORM H-1 HOMEOWNERS ABSTRACT

INSTRUCTIONS: All questions must be answered. If the answer is "none" or "not applicable", so state. If all questions are not answered, the filing will not be accepted for review by the Department. Use a separate abstract for each company if filing for a group. Subsequent homeowners rate/rule submissions that do not alter the information contained herein need not include this form.

Company Name	Allstate Property & Casualty Insurance Company
NAIC # (including group #)	008-17230

1. If you have had an insurance to value campaign during the experience filing period, describe the campaign and estimate its impact.
Not applicable

2. If you use a cost estimator (or some similar method) in order to make sure that dwellings (or contents) are insured at their value, state when this program was started in Arkansas and estimate its impact.
Allstate Property and Casualty Insurance Company will be using RCT, a Marshall & Swift Boeckh Product. RCT is not used to make sure that dwellings are insured at their value. Rather, Allstate Property and Casualty Insurance Company uses the RCT tool to develop an estimate of the minimum amount for which Allstate Property and Casualty Insurance Company will insure a property.

3. If you require a minimum relationship between the amount of insurance to be written and the replacement value of the dwelling (contents) in order to purchase insurance, describe the procedures that are used.
At the point of sale, it is required that the cost estimator be completed. The new business processing application will require the agency to select a Coverage A limit equal to or greater than the RCT generated estimate.

4. If you use an Inflation Guard form or similar type of coverage, describe the coverage(s) and estimate the impact.
Allstate's policy contains the Property Insurance Adjustment language. It allows for an adjustment to a policy's Coverage A limit at renewal when there has been a change in the estimated cost to replace a customer's home.

5. Specify the percentage given for credit or discounts for the following:

a. Fire Extinguisher	3 %
b. Burglar Alarm	3 %
c. Smoke Alarm	3 %
d. Insured who has both homeowners and auto with your company	20 %
e. Deadbolt Locks	3 %
f. Window or Door Locks	N/A %
g. Other (specify)	%
Complete Central Burglar Alarm	4 %
Complete Central Fire Alarm	4 %

6. Are there any areas in the State of Arkansas In which your company will not write homeowners insurance? If so, state the areas and explain reason for not writing.
No.

7. Specify the form(s) utilized in writing homeowners insurance. Indicate the Arkansas premium volume for each form.

Form	Premium Volume
Homeowners	\$19,088,547

8. Do you write homeowner risks which have aluminium, steel or vinyl siding? Yes No
9. Is there a surcharge on risks with wood heat? No
If yes, state the surcharge N/A
Does the surcharge apply to conventional fire places? N/A
If yes, state the surcharge N/A

THE INFORMATION PROVIDED IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.



Signature

Carrie M. Deppe

Printed Name

Assistant State Filings Manager

Title

847-402-2774 Ext. 22774

Telephone Number

cdepp@allstate.com

Email address

NAIC Number: 17230
 Company Name: Allstate Property and Casualty Insurance Company
 Contact Person: Carrie Deppe
 Telephone No.: 847-402-2774
 Email Address: cdeppe@allstate.com
 Effective Date: 8/25/2008

**Homeowners Premium Comparison Survey Form
 FORM HPCS - last modified August, 2005**

Submit to: Arkansas Insurance Department
 1200 West Third Street
 Little Rock, AR 72201-1904
 Telephone: 501-371-2800
 Email as an attachment to insurance.pnc@arkansas.gov
 You may also attach to a SERFF filing or submit on a cdr disk

**USE THE APPROPRIATE FORM BELOW - IF NOT APPLICABLE, LEAVE
 BLANK**

Survey Form for HO3 (Homeowners) - Use \$500 Flat Deductible (Risk of direct physical loss for dwelling and other structures; named perils for personal property, RC on dwelling, ACV on personal property, liab and med pay for others incl)

Public Protection	Dwelling Value	Washington		Baxter		Craighead		St. Francis		Desha		Union		Miller		Sebastian		Pulaski	
		Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame
3	\$80,000	\$582.87	\$631.09	\$678.85	\$737.16	\$674.80	\$732.64	\$533.39	\$576.18	\$521.21	\$562.65	\$514.94	\$555.50	\$637.14	\$690.90	\$538.19	\$581.08	\$548.17	\$592.36
	\$120,000	\$685.68	\$744.92	\$804.83	\$876.54	\$800.00	\$871.23	\$624.24	\$676.63	\$608.97	\$659.56	\$601.16	\$650.83	\$753.07	\$819.27	\$629.82	\$682.70	\$642.49	\$696.73
	\$160,000	\$774.60	\$843.10	\$913.64	\$996.94	\$908.03	\$990.47	\$702.29	\$763.31	\$684.67	\$743.45	\$675.30	\$733.14	\$853.30	\$930.13	\$709.41	\$770.57	\$724.02	\$786.98
6	\$80,000	\$593.21	\$686.50	\$690.83	\$803.99	\$686.73	\$799.35	\$542.53	\$625.81	\$529.86	\$610.35	\$523.52	\$602.62	\$648.36	\$752.97	\$547.37	\$631.22	\$557.44	\$643.60
	\$120,000	\$698.16	\$813.18	\$819.57	\$958.98	\$814.31	\$953.14	\$635.03	\$737.16	\$619.61	\$718.07	\$611.35	\$708.31	\$766.96	\$895.82	\$641.05	\$743.79	\$653.82	\$759.39
	\$160,000	\$788.75	\$921.88	\$930.60	\$1,092.54	\$924.54	\$1,085.48	\$714.98	\$833.21	\$696.82	\$811.24	\$687.37	\$799.46	\$868.94	\$1,018.39	\$721.79	\$841.07	\$736.93	\$859.49
9	\$80,000	\$702.23	\$820.94	\$824.07	\$966.36	\$819.13	\$960.59	\$639.21	\$745.36	\$623.27	\$726.87	\$615.31	\$716.61	\$771.31	\$903.50	\$644.91	\$752.34	\$657.81	\$767.95
	\$120,000	\$832.97	\$977.60	\$984.58	\$1,158.64	\$978.08	\$1,151.17	\$754.88	\$883.54	\$734.98	\$860.34	\$725.03	\$847.91	\$919.13	\$1,079.92	\$761.76	\$892.24	\$777.84	\$911.30
	\$160,000	\$945.71	\$1,112.69	\$1,122.94	\$1,324.08	\$1,115.62	\$1,315.74	\$854.38	\$1,002.63	\$831.26	\$975.52	\$819.33	\$960.93	\$1,046.26	\$1,232.35	\$862.49	\$1,012.62	\$881.35	\$1,035.15

Survey Form for HO4 (Renters) - Use \$500 Flat Deductible (Named perils for personal property, actual cash value for loss, liability and medical payments for others included)

Public Protection	Property Value	Washington		Baxter		Craighead		St. Francis		Arkansas		Union		Miller		Sebastian		Pulaski	
		Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame
3	\$5,000	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	\$15,000	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	\$25,000	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
6	\$5,000	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	\$15,000	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	\$25,000	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
9	\$5,000	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	\$15,000	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	\$25,000	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Survey Form for DP-2 (Dwelling/Fire) - Use \$500 Flat Deductible (Named perils for dwelling and personal property; replacement cost for dwelling, actual cash value for personal property, no liability coverage)

Public Protection	Dwelling Value	Washington		Baxter		Craighead		St. Francis		Arkansas		Union		Miller		Sebastian		Pulaski	
		Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame	Brick	Frame
3	\$80,000	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	\$120,000	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	\$160,000	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
6	\$80,000	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	\$120,000	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	\$160,000	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
9	\$80,000	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	\$120,000	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	\$160,000	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

SPECIFY THE PERCENTAGE GIVEN FOR CREDITS OR DISCOUNTS FOR THE FOLLOWING:

HO3 and HO4 only

Fire Extinguisher	3 %	Deadbolt Lock	3 %
Burglar Alarm	0 %	Window Locks	0 %
Smoke Alarm	3 %	\$1,000 Deductible	0 %
		Other (specify)	
		Central Fire Alarm	4 %
		Maximum Credit	0 %

EARTHQUAKE INSURANCE

IMPORTANT, homeowners insurance does NOT automatically cover losses from earthquakes. Ask your agent about this coverage

ARE YOU CURRENTLY WRITING EARTHQUAKE COVERAGE IN ARKANSAS? (yes or no)
 WHAT IS YOUR PERCENTAGE DEDUCTIBLE? %

WHAT IS YOUR PRICE PER \$1,000 OF COVERAGE?	Zone	Brick	Frame
	Highest Risk	\$ N/A	\$ N/A
	Lowest Risk	\$ N/A	\$ N/A

**ALLSTATE INSURANCE GROUP
OWNERS, RENTERS, AND CONDOMINIUM
ARKANSAS**

With this filing, Allstate is revising the distinct charge to cover the net cost of reinsurance in Arkansas. The net cost of reinsurance is equal to the reinsurance premium paid, for all applicable contracts, less expected reinsurance recoveries under these contracts, and represents the incremental cost to Allstate of the contracts. This calculation is consistent with the Provision for Reinsurance discussed in section 3.7 of Actuarial Standards of Practice No. 29, *Expense Provisions in Property/Casualty Ratemaking*.

The net cost figures have been allocated to the state and line level for Allstate Insurance Group, allocation to the company level was not available. The reinsurance premium, net of the expected Benfield Inc.'s premium adjustment provision, has been distributed to the individual states and lines in proportion to their expected loss recovery. Allstate has relied on expected loss recoveries provided by reinsurance intermediary Benfield Inc. For purposes of calculating the net cost of reinsurance, these expected losses have been modified, by Benfield Inc., to reflect current adjustments. The aforementioned adjustments are consistent with those included in previous filings outlining revisions to the distinct charge to cover the net cost of reinsurance in Arkansas.

To determine expected loss recoveries, the adjustments were made to gross modeled losses, prior to application of the terms of the contract. The inclusion of the adjustment increases the expected recoveries under the contract, resulting in a lower net cost of reinsurance.

**ALLSTATE INSURANCE GROUP
OWNERS, RENTERS, AND CONDOMINIUM
ARKANSAS**

**DETERMINATION OF THE REINSURANCE RATE ADJUSTMENT FACTOR
EXPLANATORY MEMORANDUM**

Pages 3, 4, and 5 outline the development of the required reinsurance rate adjustment factor for the Owners, Renters, and Condominium programs, respectively. An explanation, with references to supporting exhibit, is provided below.

1. Reinsurance Premium:
Reinsurance premium paid, net of expected Benfield Inc. premium adjustment provision.
2. Loss Savings Due to Reinsurance:
Provided loss recoveries under the reinsurance contracts, including Allstate adjustments as mentioned on Page 1.
3. Net Cost of Reinsurance: $\{(1) - (2)\}$
Provided loss recoveries are subtracted from the reinsurance premium to determine the net cost of reinsurance.
4. Commissions, Taxes, and Profit Ratio:
Expense ratio for commissions, taxes, and profit.
5. Net Cost of Reinsurance Including Commissions, Taxes, and Profit: $\{(3) / [1-(4)]\}$
6. Adjusted AIY* x Current Reinsurance Base Charge:
This amount represents the reinsurance charge collected, based on expected AIYs, if the reinsurance Rate Adjustment Factor was set to 1.000.
7. Required Reinsurance Rate Adjustment Factor: $\{(5) / (6)\}$
The reinsurance rate adjustment factor represents the amount by which the reinsurance base charge is to be adjusted, in order to collect the net cost of reinsurance including commissions, taxes, and profit determined in row 5.

* 1 AIY = One Amount of Insurance Year
= \$1,000 of Coverage In Force for One Year

**ALLSTATE INSURANCE GROUP
OWNERS
ARKANSAS
DETERMINATION OF THE REINSURANCE RATE ADJUSTMENT FACTOR**

	<u>2008</u>
1. Reinsurance Premium	\$78,757
2. Loss Savings Due to Reinsurance	\$8,399
3. Net Cost of Reinsurance: (1) - (2)	\$70,358
4. Commissions, Taxes and Profit Ratio	25.9%
5. Net Cost of Reinsurance Including Commissions, Taxes, and Profit: (3) / [1 - (4)]	\$94,950
6. Adjusted AIYs x Current Reinsurance Base Charge	\$552,252
7. Required Reinsurance Rate Adjustment Factor (5) / (6)	0.172

	<u>Current</u>	<u>Indicated & Proposed</u>	<u>Percent Change</u>
Proposed Change in Reinsurance Rate Adjustment Factor	0.900	0.172	-80.9%

**ALLSTATE PROPERTY & CASUALTY INSURANCE COMPANY
OWNERS
ARKANSAS**

Response to letter dated April 9, 2008 regarding Filing #R19750

- 1. Provide an exhibit showing the commissions, taxes, and profit ratio development for the owners adjustment factor.**

Please see Exhibit I.

**ALLSTATE INSURANCE GROUP
OWNERS
ARKANSAS**

**COMMISSIONS, TAXES, AND PROFIT RATIO USED IN THE
DETERMINATION OF THE AVERAGE INDICATED REINSURANCE CHARGE**

	Provision in Rate
Commission and Brokerage	12.5%
Taxes *	2.9%
Underwriting Profit	<u>10.5%</u>
Commissions, Taxes, and Profit Ratio	25.9%

* State Taxes - Does not include Federal Income Tax